


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90222 019 \*\*\*\*61.25

**DOCUMENT # N94000001981**

1. Entity Name  
**THE GREATER MIAMI COALITION OF 100 BLACK WOMEN COMMUNITY SERVICES, INC.**



Principal Place of Business  
**16612 NW 70TH CT  
MIAMI FL 33014**

Mailing Address  
**P.O. BOX 174027  
HIALEAH FL 33017**



2. Principal Place of Business  
**20816 San Simeon Way**

3. Mailing Address

Suite, Apt. #, etc.  
**103**

Suite, Apt. #, etc.

City & State  
**Miami FL**

City & State

Zip  
**33179**

Country

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0421738**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROBINSON, CAROLYN A  
16612 NW 70TH CT  
MIAMI FL 33014**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Carolyn Robinson** DATE **4/13/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>ROBINSON, CAROLYN</b>	
STREET ADDRESS <b>16612 NW 70TH CT</b>	
CITY-ST-ZIP <b>MIAMI FL 33014</b>	
TITLE <del>VD</del>	<input type="checkbox"/> Delete
NAME <del>MARTIN, VIRGINIA</del>	
STREET ADDRESS <del>5630 NW 178 ST</del>	
CITY-ST-ZIP <del>MIAMI FL 33055</del>	
TITLE <del>VB</del>	<input type="checkbox"/> Delete
NAME <del>BURKE, LINDA</del>	
STREET ADDRESS <del>3830 NW 194 ST</del>	
CITY-ST-ZIP <del>MIAMI FL 33055</del>	
TITLE <del>VD</del>	<input type="checkbox"/> Delete
NAME <del>HAMIN, AFRAH</del>	
STREET ADDRESS <del>193 N.E. 141 STREET, #B</del>	
CITY-ST-ZIP <del>MIAMI FL 33186</del>	
TITLE <del>SD</del>	<input type="checkbox"/> Delete
NAME <del>TYLER, PHYLLIS</del>	
STREET ADDRESS <del>15860 SW 103RD PL</del>	
CITY-ST-ZIP <del>MIAMI FL 33157</del>	
TITLE <del>SD</del>	<input type="checkbox"/> Delete
NAME <del>WILLIAMS, MARSHA</del>	
STREET ADDRESS <del>P.O. BOX 245762</del>	
CITY-ST-ZIP <del>PEMBROKE PINES FL</del>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>20816 San Simeon Way # 103</b>
CITY-ST-ZIP	<b>Miami, FL 33179</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vice President</b>
STREET ADDRESS	<b>Carla King-Crockett</b>
CITY-ST-ZIP	<b>13754 NW 41th St</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP</b>
STREET ADDRESS	<b>Marchelle Hill</b>
CITY-ST-ZIP	<b>19200 NW 51st Ave</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Secretary</b>
STREET ADDRESS	<b>Sacha Thomas</b>
CITY-ST-ZIP	<b>1441 NW 68 St</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Delete</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>33024-5762</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Carolyn Robinson** DATE: **4/13/03** (305)243-5295

CR2E037 (10/02)